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ABSTRACT

An evaluative research study was undertaken to provide the South African broadcasting industry with information on the feasibility of using video mass media approaches for public education on the Acquired Immune Deficiency Syndrome (AIDS). Specifically, the research was designed to determine public knowledge of and attitudes toward AIDS and shifts in knowledge and attitudes after viewing a teletext program on the disease. Study respondents were administered questionnaires prior to and after viewing the teletext program. Most respondents ranged in age from 17 to 25 years. Results indicate that: (1) respondents had a positive reaction to the teletext program; (2) the knowledge level of the viewers was raised significantly; and (3) respondents changed their opinions of AIDS in a number of ways. Since only a small number of South Africans possess teletext decoders and since the leading information source of the public is television, it is recommended that suitable AIDS programming be developed or purchased for airing on South African television. (TJH)

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EVALUATION REPORT ON AN EDUCATIONAL TELETEXT PROGRAMME ABOUT AIDS

BY

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Purpose of Research

The evaluation research purpose was to give recommendation to the Broadcasting Corporation on the most effective way to convey a health educational programme about the AIDS nazard, its risks and its prevention.

Problems of AIDS Education

"Attempts to use the mass media for public **AIDS** education will face the following problems: **(Baggaley & Glegg, 1986)**

1) In order to reach the widest possible audience in the shortest possible time, it will be necessary to use the mass media. However, in order to reach the audience with the highest risk of contracting AIDS (i.e. homosexual males), it will be necessary to give explicit information about **AIDS** prevention which sectors of the general public may find distasteful.
AIDS educators will need to determine the extent to which the general public is resistant to information about homosexual lifestyles and practices which relate to **AIDS** risks.

2) In order to prevent the spread of **AIDS** in the general public, heterosexual as well as homosexual, it will be necessary to overcome widespread public resistance to information about **AIDS**, and the misconception that the disease is associated with homosexual behaviour only. **AIDS** educators will need to determine the extent to which the general public is resistant to information about heterosexual lifestyles and practices which relate to **AIDS risks.**

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3) High-risk groups are especially liable to be defensive regarding attempts to persuade them of the need for changes in their lifestyle or behaviour. Production techniques used by the media in public health campaigns frequently have adverse effects on the audiences for whom they are intended. **AIDS** educators will need to identify the audience factors responsible for these ef= fects, and the media production methods which are the most, and the least, persuasive in dealing with them.

4) The public is constantly receiving new information about **AIDS** from the news media - primarily television, newspapers and magazines. **AIDS** educators will need to monitor the changing levels of awareness, and the misconceptions, for which the coverage of **AIDS** issues in the news media is responsible".

Specific Objectives of the Research

The specific research objectives were to learn about the:

a) Public knowledge of and attitude towards **AIDS**

b) Shifts in knowledge and attitudes after viewing the teletext programme on **AIDS**

Research Method

Respondents were given previewing questionnaires to complete and than viewed the Teletext programme on **AIDS**. Thereafter, they were given the post-viewing questionnaire to complete. (Because different pilot questionnaires were used in some instances, and not all respondents completed post-viewing questionnaires, the total number of respondents answering a question will differ in a number of instances.)

Profile of Respondents

Both official language groups (English and Afrikaans) were represented (57% and 43% respectively). 59% of respondents were male and 41% female. The larger

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proportion of respondents were aged between 17 and 25 years of age, with all age groups in the sample well represented.

The educational level of respondents was high, with 59% being graduates. This is in keeping with the respondents in our previous Teletext survey. (Duby & Sonderup, 1986).

Correspondingly, the most frequently reported occupations were students and professional/managerial.

Unfortunately, homosexuals were not identified in the sample. 91% indicated that they were heterosexual and 9% did not identify their sexual preference.

Impact of the Programme

Responders had a positive reaction to the Teletext programme on **AIDS.**

It was regarded as an informative medium, with 77% of respondents stating that the programme had provided them with the most information regarding **AIDS,** compared to the other most commonly cited sources of information such as newspapers, radio and television. As far as the other sources of information are concerned, more than half (57%) of respondents had received no information regarding **AIDS.** (These other sources included in the survey were workshop, lecture, relative/friend and health professional).

Most (82%) of the respondents stated that the effect of the programme would be significent. However, no-one denied that the programme would have some effect. This correlates with the Canadian report (Baggaley & Glegg, 1986). They reported that 88% of the viewers felt that the film they were shown about **AIDS** would be effective as educating the general public about **AIDS.** As regards both knowledge of and attitudes towards **AIDS,** no signifficant differences were found between either male or female and English or Afrikaans respondents.

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Knowledge of AIDS Before and After Viewing the Programme

From the previewing questionnaire, it appears that most respondents had a basic knowledge of **AIDS** e.g. that homosexuals are a high risk group (93%), that people with **AIDS** are likely to die (96%), that a person with **AIDS** has a lowered resistance to infections that the body cannot fight off (91%), and that one cannot catch **AIDS** simply by being near someone who has it (87%). This corresponds with the Canadian report (Baggaley & Glegg 1986) which says that all the Canadians subjects showed general awareness of the meaning of the term **AIDS**. Responses to more in-depth subject questions, however, were conflicting, revealing a lack of knowledge and some uncertainty in these areas e.g. **AIDS** symptoms, other risk groups, gay men having the same incidence of **AIDS** as gay women and whether medical science is reaching a cure for **AIDS**.

The post-viewing questions that were covered in the programme showed that the programme had been effective in improving the respondents' knowledge of **AIDS**. The 50% recognition of what **AIDS** stood for increased to 91% after viewing and 74% correctly recorded the number of reported cases in Soud Africa, whereas previously a correct estimation had not been given. As regards recognition of **AIDS** sysmtoms, the previewing questionnaire revealed a spread of responses to the symptoms mentioned. The postviewing response reveals a significant increase in responses (20% - 61%) that none of these symptoms are **AIDS** symptoms, which is in line with what is stated in the programme. This is in line with the Canadian report (Baggaley & Glegg, 1986) where knowledge about the symptons of **AIDS** was markedly increased after viewing a film.

The research highlighted areas of uncertainty and areas which could be clarified or extended upon in future programmes, e.g. whether or not **AIDS** is only transmitted by sexual contact, whether or not medical science is reaching a cure for **AIDS, AIDS** associated diseases and risk groups. The Canadian report (Baggaley & Glegg (1986)) showed that similar confusion had arisen in the viewing of their film regarding **AIDS** associated diseases.

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Shifts in Attitudes after Viewing the Programme

The impact of the programme was such that it influenced responders to change their opinions in a number of areas. This included a marked shift towards a more lenient stance regarding the participation of people and children with **AIDS** in society. 50% of respondents who had agreed that people should be isolated from the community if they had **AIDS**, now disagreed with the state= ment, and similarly, 52% who had agreed that children with **AIDS** should be prevented from attending school now disagreed with the statement. There were also shifts to the opinion that society is not sufficiently informed about **AIDS**, and that the media does not exaggerate. Similar to that its seriousness was found in the Canadian report (Baggaley & Glegg, 1986):

that society is not sufficiently informed about **AIDS**. Respondents also felt that they would know how to recognise **AIDS** s imptoms (55% shifted from a disagreement to an agreement that they would recognise symptoms) Whereas previously there had been little confidence in their ability to recognise symptoms (11%). This shift also applied to respondents' knowing how to reduce the risk of getting **AIDS**. 86% who had previously felt that they did not know how to reduce the risk, now felt more positive in their ability to do so.

There were also areas where the programme did not alter opinion, for example whether or not they perceived **AIDS** as posing a serious risk for them and whether or not they would alter their sexual lifestyle. 69% did not perceive **AIDS** as posing a serious risk for them (a figure that is in line with the Canadian report (Baggaley & Glegg, 1986) and 83% felt that they would not alter their sexual lifestyle. This response is obviously influenced by the fact that nearly all respondents were heterosexual. Respondents also tended to maintain their agreement that the Defence Force should use the **AIDS** blood test to screen recruits (81%). This correlates with the finding in the Canadian report that 72% of the heterosexual subjects felt that the military should use **AIDS blood tests to screen recruits.** (Baggaley & Glegg, 1986).

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Recommendations

1. As no difference in knowledge or attitudes relating to **AIDS** were found between English and Afrikaans or male and female respondents, only one version of a programme on **AIDS** is required.

2. People lack knowledge regarding the more in-depth information regarding **AIDS**, so we recommend that more specific information should be broad= cast (produced or bought) . That relates to the Canadian report (Baggaley & Glegg, 1986) who also found that more effective programmes about **AIDS** must be broadcast. These programmes could give more infor= mation regarding medical knowledge of **AIDS** and progress that has been made towards curing the disease, as well as more details regarding symptoms and **AIDS** associated diseases.

3. Certain areas should be clarified, such as what groups (apart from homosexuals) are at risk and how **AIDS** is transmisted, detected and prevented.

4. Judging from the research, the format of presentation seems to be adequate in that it had a positive impact on respondents, increased respondents' knowledge regarding **AIDS** and influenced them to alter their opinions regarding the disease.

However, since only a small amount of the South African public possess Teletext docoders, and since the public gains information mostly from television (that comes up in our report and the Canadian report) it is recommended to produce and/or to buy suitable television programmes which will expose the majority of the population to the correct, accurate and educational **AIDS** programme.

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